

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029636

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 305

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0940

2 0750

3

4 0

5 2

6

7 0

8 2

9 420.1

10

11

12 93-0

13 10

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FILED JUL 25 1963

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Francois Township

Length of stay in 1b  
3 Mos.; 2 das.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION State Hospital No. 4

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Oregon

c. CITY OR TOWN Thayer

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
Unknown

Outside Limits  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
RAY IRVIN SLOAN

4. DATE OF DEATH  
Month Day Year  
July 17, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
Feb. 1, 1894

9. AGE (last birthday)  
69

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Owner and manager of pool hall.

10b. KIND OF BUSINESS OR INDUSTRY  
hall.

11. BIRTHPLACE (City and state or country)  
Clifton, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John William Sloan

13b. MOTHER'S MAIDEN NAME

Ada V. Hufstudler

14. NAME OF HUSBAND OR WIFE

Cora Dodson Sloan (2nd wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address  
Records, State Hospital No. 4, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary thrombosis - - - - - Abt. 10 hours.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Coronary Sclerosis - - - - - Unknown.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 17, 1963 to July 17, 1963 and last saw him alive on July 17, 1963  
Death occurred at 4:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS  
State Hospital No. 4  
Farmington, Missouri

22c. DATE SIGNED  
7-17-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE  
July 22, 1963

23c. NAME OF CEMETERY OR CREMATORY  
City Cemetery

23d. LOCATION (City, town, or county)  
Thayer, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Leo Carr Funeral Home, Thayer, Mo.

25. DATE RECD. BY LOCAL REG.

July 17, 1963

26. REGISTRAR'S SIGNATURE

Ester Rudloff

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bert J. Miller

Licensed Embalmer No. 375-2

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.